

<i>SERFF Tracking Number:</i>	<i>RNIC-126177651</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Reserve National Insurance Company</i>	<i>State Tracking Number:</i>	<i>42680</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Modified Whole Life Application</i>		
<i>Project Name/Number:</i>	<i>APP-MWL-97 AR (7/09) Modified Whole Life Application/</i>		

Filing at a Glance

Company: Reserve National Insurance Company

Product Name: Modified Whole Life Application SERFF Tr Num: RNIC-126177651 State: Arkansas

TOI: L071 Individual Life - Whole SERFF Status: Closed-Approved- Closed State Tr Num: 42680

Sub-TOI: L071.101 Fixed/Indeterminate Co Tr Num: State Status: Approved-Closed
Premium - Single Life

Filing Type: Form Reviewer(s): Linda Bird
Disposition Date: 06/18/2009
Authors: Kyle Conrad, Brenda Ingram
Date Submitted: 06/17/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name: APP-MWL-97 AR (7/09) Modified Whole Life Application Status of Filing in Domicile: Pending

Project Number: Date Approved in Domicile:

Requested Filing Mode: Review & Approval Domicile Status Comments:

Explanation for Combination/Other: Market Type: Individual

Submission Type: New Submission Group Market Size:

Overall Rate Impact: Group Market Type:

Filing Status Changed: 06/18/2009 Explanation for Other Group Market Type:

State Status Changed: 06/18/2009

Deemer Date: Created By: Brenda Ingram

Submitted By: Brenda Ingram Corresponding Filing Tracking Number:

Filing Description:

June 17, 2009

Ms. Rosalind D. Minor

Certified Rate and Form Analyst

Life and Health Division

SERFF Tracking Number: RNIC-126177651 State: Arkansas
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Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

RE: Reserve National Insurance Company - NAIC # 68462; FEIN# 73-0661453
Form APP-MWL-97 AR (7/09) – Modified Whole Life Application

Dear Ms. Minor:

We are submitting for approval. This is a new filing not previously submitted.

Form APP-MWL-97 AR (7/09) is an update of our most-recently approved Modified Whole Life Application. The update relates to additional ultimate face amounts of insurance that we will offer. This is the only change to the previously-approved application.

Form APP-MWL-97 AR (7/09) will be used with our previously-approved Modified Whole Life Policy Form MWL-97.

If this filing meets with your approval, please furnish with evidence of approval.

Thank you for your consideration in this matter. If there are any questions, you may contact me by telephone at (800) 874-1431, by fax at (405) 840-3426 or by e-mail at kconrad@unitrin.com.

Sincerely,

Kyle D. Conrad
Senior Vice President
and Associate Corporate Counsel

Company and Contact

Filing Contact Information

Kyle Conrad, Vice President & Associate Corporate Counsel
6100 N. W. Grand Blvd
Oklahoma City, OK 73118
kconrad@unitrin.com
800-874-1431 [Phone] 549 [Ext]

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Filing Company Information

Reserve National Insurance Company	CoCode: 68462	State of Domicile: Oklahoma
6100 N.W. Grand Boulevard	Group Code: 215	Company Type: Life and Health
Oklahoma City, OK 73118	Group Name: Reserve National	State ID Number:
(405) 848-7931 ext. 549[Phone]	FEIN Number: 73-0661453	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	Form Filing = \$20.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Reserve National Insurance Company	\$20.00	06/17/2009	28634771

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/18/2009	06/18/2009

<i>SERFF Tracking Number:</i>	<i>RNIC-126177651</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Reserve National Insurance Company</i>	<i>State Tracking Number:</i>	<i>42680</i>
<i>Company Tracking Number:</i>			
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<i>Product Name:</i>	<i>Modified Whole Life Application</i>		
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Disposition

Disposition Date: 06/18/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Modified Whole Lfe Application		Yes

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	APP-MWL-97 AR (7/09)	Application/Modified Whole Lfe Enrollment Application Form	Initial			APP-MWL-97 AR 7.09.pdf



OKLAHOMA CITY, OKLAHOMA

MODIFIED WHOLE LIFE APPLICATION

For Home Office Use Only

POLICY NUMBER

EFFECTIVE DATE

Month

Day

Year

AGENT CODE _____ MGR. CODE _____

I wish to apply to: RESERVE NATIONAL INSURANCE COMPANY, 6100 NW Grand Blvd., Okla. City OK 73118
FOR: ☐ \$25,000 ☐ \$20,000 ☐ \$15,000 ☐ \$10,000 ☐ \$5,000 Modified Whole Life Insurance

PROPOSED INSURED'S NAME

First

Middle

Last

ADDRESS

Street # / Rural Route

City

State

Zip Code

AGE

Last Birthday

BIRTHDAY

Month

Day

Year

SEX

☐ Male ☐ Female

PHONE NUMBER

(Area Code)

BENEFICIARY'S NAME

First

Middle

Last

BENEFICIARY'S RELATIONSHIP TO PROPOSED INSURED

1. Have you been diagnosed as having a terminal illness? (Terminal illness is defined as any illness that would reasonably be expected to cause death within 24 months.) ☐ Yes ☐ No

2. In the past 2 years, have you consulted a doctor or had treatment for heart trouble, stroke, cancer, seizures, lung disease or disorder, liver disease or disorder, diabetes requiring insulin, chronic kidney disease or failure, AIDS, AIDS Related Complex or other immune deficiency? ☐ Yes ☐ No

3. Are you currently confined to a hospital, nursing home or medical related facility? ☐ Yes ☐ No

Please supply full details for health questions answered "Yes." List date(s) of onset below, along with types of treatment, medicine and dosage. (Please print. Attach a separate sheet if needed.)

Continued on reverse side.

FOR HOME OFFICE USE

I hereby elect to pay delinquent premiums pursuant to the Automatic Premium Loan Provision: ☐ Yes ☐ No

I understand this policy will not become effective until the first premium is paid and the policy is issued during the lifetime of the insured.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

X _____
Proposed Insured's Signature Date

The undersigned agent (a) represents Reserve National Insurance Company in connection with the insurance applied for; (b) will receive compensation from the Company if coverage is issued; and (c) may provide services to policyholders on behalf of the Company, subject to the Company's approval. The agent does not have authority to bind the Company.

I certify to the best of my knowledge that the policy applied for ☐ will not ☐ will replace in whole or in part any other insurance. X _____
Agent's Signature

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	
Bypass Reason:	Not applicable.	
Comments:		

	Item Status:	Status Date:
Satisfied - Item:	Application	
Comments:		
Please see the form schedule for the application.		

	Item Status:	Status Date:
Bypassed - Item:	Life & Annuity - Acturial Memo	
Bypass Reason:	Not applicable.	
Comments:		